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2

August 28, 2013

BY ECF AND FIRST-CLASS MAIL

Senior USPO Patricia A. Sullivan
147 Pierrepont Street
Brooklyn, NY 11201

Re: United States v. Nikola Lukaj
11-CR-00486 (S-1)-038 (DLI)

Dear Ms. Sullivan,

I write on behalf of Nikola Lukaj who is scheduled to be sentenced by Your Honor on October 8, 2013. The defendant respectfully submits this letter, pursuant to Federal R. Crim. P. 32 (f) to advise the Probation Department of the defendant's proposed corrections and clarifications in the Presentence Investigation Report ("PSR").

- PSR ¶ 32 – the government concurs with defense counsel that because Mr. Lukaj did not have any connection to the referenced "grow house", "Nicola Lukaj and Lukaj's workers," should be deleted.
- PSR ¶ 135 – Mr. Lukaj wants to clarify that as stated by his wife, he did abuse cocaine. He did not disclose this fact to Probation because he was embarrassed about his drug abuse.
- PSR ¶ 137 Mr. Lukaj received a New York State General Education Development Diploma in April 1991.
- PSR ¶ 140 – Mr. Lukaj worked at the VIP club during 2007 as well as during the period indicated in PSR ¶ 141. His W-2 payroll stubs are attached with the employer listed as ABCZ Corp. (Exhibit A). In 2005 his employer was listed on the enclosed W-2 as West 20th Enterprises which operated the VIP Club. (Exhibit B). Mr. Lukaj was also employed as a maintenance worker as per the attached W-2 by Premium Building Maintenance, Inc. in 2010. (Exhibit C).
- PSR ¶ 142 – Mr. Lukaj was partially employed as a custodian in 2002 by American Building as evidenced by the attached W-2. (Exhibit D).
- PSR ¶ 143 – Mr. Lukaj appears to have filed income tax returns as required for the years 2002, 2007, and 2008 as evidenced by the enclosed tax records. It appears from the attached Federal Tax summary that Mr. Lukaj was not required to file taxes in 2009 as a refund was due although he may have. (Exhibit E).

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- PSR ¶ 163 – The parties concur that Mr. Lukaj is eligible for an additional 2-level reduction for the “global disposition” and accordingly the total offense level would be 23, and with a Criminal History Category of II, the advisory guideline range would be 51-63 months.

Respectfully yours,



James Roth

Encl.

cc: Honorable Dora L. Irizarry (by First-Class Mail)
AUSA Gina Marie Parlovecchio (by E-mail)
USPO Mary Ann Betts (by E-mail)
Mr. Nikola Lukaj

EXHIBIT A

Statement of Federal Income Tax Withholding for the year 2007. Employer: ABCZ CORP, 251 NORTH AVE, 2ND FLOOR, NEW ROCHELLE, NY 10801. Employee: NIKOLA LUKAJ, 11 STEVENS AVENUE, YONKERS, NY 10704. Batch #00180. Social Security Number: [REDACTED].

1. The following information reflects your final 2007 pay stub plus any adjustments submitted by your employer.

Gross Pay	12100.00	Social Security Tax Withheld Box 4 of W-2	750.20	NY State Income Tax Box 17 of W-2	402.38
Fed. Income Tax Withheld Box 2 of W-2	1057.32	Medicare Tax Withheld Box 6 of W-2	175.45	Local Income Tax Box 19 of W-2	40.26
				SUI/SDI Box 14 of W-2	13.20

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2	YONKERS Local Wages, Tips, Etc. Box 18 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	12,100.00	12,100.00	12,100.00	12,100.00	12,100.00
Reported W-2 Wages	12,100.00	12,100.00	12,100.00	12,100.00	12,100.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

NIKOLA LUKAJ
11 STEVENS AVENUE
YONKERS, NY 10704

Social Security Number: [REDACTED]
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 2
STATE: 2
LOCAL: 2

Federal Filing Copy W-2 Wage and Tax Statement 2007. Copy B to be filed with employee's Federal Income Tax Return.

NY State Filing Copy W-2 Wage and Tax Statement 2007. Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy W-2 Wage and Tax Statement 2007. Copy 2 to be filed with employee's City or Local Income Tax Return.

2 Employer's name, address, and ZIP code
ABCZ CORP
251 NORTH AVE
2ND FLOOR
NEW ROCHELLE, NY 10801
Batch #00336

3 Employee's name, address, and ZIP code
NIKOLA LUKAJ
73 PLUM ROAD
MAHOPAC, NY 10541

1 Wages, tips, other comp. 27410.00	2 Federal income tax withheld 1854.00
3 Social security wages 27410.00	4 Social security tax withheld 1699.42
5 Medicare wages and tips 27410.00	6 Medicare tax withheld 397.45
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 30.00 NYDD	12b 12c 12d
15 State Employer's state ID no. NY 20-1385715	16 State wages, tips, etc. 27410.00
17 State income tax 861.33	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Gross Pay 27410.00 Social Security Tax Withheld Box 4 of W-2 1699.42 NY State Income Tax Box 17 of W-2 861.33
Fed. Income Tax Withheld Box 2 of W-2 1854.00 Medicare Tax Withheld Box 6 of W-2 397.45 SUI/SDI Box 14 of W-2 30.00

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	NY. State Wages, Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	27,410.00	27,410.00	N/A	27,410.00	27,410.00
Reported W-2 Wages	27,410.00	27,410.00	N/A	27,410.00	27,410.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

NIKOLA LUKAJ
73 PLUM ROAD
MAHOPAC, NY 10541

Social Security Number: [REDACTED]
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 3
STATE: 3

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Fold and Detach Here

1 Wages, tips, other comp. 27410.00	2 Federal income tax withheld 1854.00
3 Social security wages 27410.00	4 Social security tax withheld 1699.42
5 Medicare wages and tips 27410.00	6 Medicare tax withheld 397.45
Control number 59 EC/6DG	Dept. 6

Employer's name, address, and ZIP code
ABCZ CORP
251 NORTH AVE
2ND FLOOR
NEW ROCHELLE, NY 10801

1 Wages, tips, other comp. 27410.00	2 Federal income tax withheld 1854.00
3 Social security wages 27410.00	4 Social security tax withheld 1699.42
5 Medicare wages and tips 27410.00	6 Medicare tax withheld 397.45
Control number 59 EC/6DG	Dept. 6

Employee's name, address and ZIP code
KOLA LUKAJ
73 PLUM ROAD
MAHOPAC, NY 10541

15 State Employer's state ID no. NY 20-1385715	16 State wages, tips, etc. 27410.00
17 State income tax 861.33	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy
N-2 Wage and Tax Statement 2008
OMB No. 1545-0008

1 Wages, tips, other comp. 27410.00	2 Federal income tax withheld 1854.00
3 Social security wages 27410.00	4 Social security tax withheld 1699.42
5 Medicare wages and tips 27410.00	6 Medicare tax withheld 397.45
Control number 0059 EC/6DG	Dept. 6

Employer's name, address, and ZIP code
ABCZ CORP
251 NORTH AVE
2ND FLOOR
NEW ROCHELLE, NY 10801

1 Wages, tips, other comp. 27410.00	2 Federal income tax withheld 1854.00
3 Social security wages 27410.00	4 Social security tax withheld 1699.42
5 Medicare wages and tips 27410.00	6 Medicare tax withheld 397.45
Control number 0059 EC/6DG	Dept. 6

Employee's name, address and ZIP code
NIKOLA LUKAJ
73 PLUM ROAD
MAHOPAC, NY 10541

15 State Employer's state ID no. NY 20-1385715	16 State wages, tips, etc. 27410.00
17 State income tax 861.33	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY State Reference Copy
W-2 Wage and Tax Statement 2008
OMB No. 1545-0008

1 Wages, tips, other comp. 27410.00	2 Federal income tax withheld 1854.00
3 Social security wages 27410.00	4 Social security tax withheld 1699.42
5 Medicare wages and tips 27410.00	6 Medicare tax withheld 397.45
Control number 0059 EC/6DG	Dept. 6

Employer's name, address, and ZIP code
ABCZ CORP
251 NORTH AVE
2ND FLOOR
NEW ROCHELLE, NY 10801

1 Wages, tips, other comp. 27410.00	2 Federal income tax withheld 1854.00
3 Social security wages 27410.00	4 Social security tax withheld 1699.42
5 Medicare wages and tips 27410.00	6 Medicare tax withheld 397.45
Control number 0059 EC/6DG	Dept. 6

Employee's name, address and ZIP code
NIKOLA LUKAJ
73 PLUM ROAD
MAHOPAC, NY 10541

15 State Employer's state ID no. NY 20-1385715	16 State wages, tips, etc. 27410.00
17 State income tax 861.33	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

NY State Filing Copy
W-2 Wage and Tax Statement 2008
OMB No. 1545-0008

Safe, accurate, **IRS e-file** Visit the IRS Web Site
 FAST! Use at www.irs.gov/efile.

Employee Reference Copy
W-2 Wage and Tax Statement 2006
 Copy C for employee's records. OMB No. 1545-0048

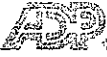
Control number Dept. Corp. Employer use only
 0035 EC/6DG 18

Employer's name, address, and ZIP code
 ABCZ CORP
 251 NORTH AVE
 2ND FLOOR
 NEW ROCHELLE, NY 10801
 Batch #00221

Employee's name, address, and ZIP code
 NIKOLA LUKAJ
 11 STEVENS AVENUE
 YONKERS, NY 10704

Employer's FED ID number	d Employee's SSA number
Wages, tips, other comp. 6600.00	2 Federal income tax withheld 585.00
Social security wages 6600.00	4 Social security tax withheld 409.20
Medicare wages and tips 6600.00	6 Medicare tax withheld 95.70
Social security tips	8 Allocated tips
Advance EIC payment	10 Dependent care benefits
1 Nonqualified plans	12a See instructions for box 12
4 Other 7.20 NYDD	12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay
5 State Employer's state ID no. NY	16 State wages, tips, etc. 6600.00
7 State income tax 219.48	18 Local wages, tips, etc. 6600.00
9 Local income tax 21.96	20 Locality name YONKERS

2006 W-2 and EARNINGS SUMMARY



This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2006 pay stub plus any adjustments submitted by your employer.

Gross Pay	6600.00	Social Security Tax Withheld Box 4 of W-2	409.20	NY State Income Tax Box 17 of W-2	219.48
Fed. Income Tax Withheld Box 2 of W-2	585.00	Medicare Tax Withheld Box 6 of W-2	95.70	Local Income Tax Box 19 of W-2	21.96
				SUI/SDI Box 14 of W-2	7.20

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2	YONKERS Local Wages, Tips, Etc. Box 18 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2
Gross Pay	6,600.00	6,600.00	6,600.00	6,600.00	6,600.00
Reported W-2 Wages	6,600.00	6,600.00	6,600.00	6,600.00	6,600.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept

NIKOLA LUKAJ
 11 STEVENS AVENUE
 YONKERS, NY 10704

Social Security Number: [REDACTED]
 Taxable Marital Status: SINGLE
 Exemptions/Allowances:
 FEDERAL: 2
 STATE: 2
 LOCAL: 2

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← Fold and Detach Here →

EXHIBIT B

Employee Reference Copy
W-2 Wage and Tax Statement **2005**
OMB No. 1545-0047
Control number 01062 01/- N6 Dept. Corp. Employer use only A 26

Employer's name, address, and ZIP code
**WEST 20TH ENTERPRISES
CORP
20 WEST 20TH ST
NEW YORK NY 10011**

Batch #00829

Employee's name, address, and ZIP code
**NIKOLA LUKAJ
225 TIBBETTS RD
YONKERS NY 10705**

Employer's FED ID number	Employee's SSA number
Wages, tips, other comp. 24750.00	2 Federal income tax withheld 2228.40
Social security wages 24750.00	4 Social security tax withheld 1534.50
Medicare wages and tips 24750.00	6 Medicare tax withheld 358.88
Social security tips	8 Allocated tips
Advance EIC payment	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12
Other 27.00 SDI	12b 12c 12d
State Employer's state ID no. NY	13 Stat emp Ret. plan 3rd party sick pay
State income tax 823.05	16 State wages, tips, etc. 24750.00
Local income tax 40.95	18 Local wages, tips, etc. 24750.00
	20 Locality name YONKERS

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2005 pay stub plus any adjustments submitted by your employer.

Gross Pay	24750.00	Social Security Tax Withheld Box 4 of W-2	1534.50	NY State Income Tax Box 17 of W-2	823.05
Fed. Income Tax Withheld Box 2 of W-2	2228.40	Medicare Tax Withheld Box 6 of W-2	358.88	Local Income Tax Box 19 of W-2	40.95
				SUI/SDI Box 14 of W-2	27.00

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	NY State Wages, Tips, Etc. Box 16 of W-2	YONKERS Local Wages, Tips, Etc. Box 18 of W-2
Gross Pay	24,750.00	24,750.00	24,750.00	24,750.00	24,750.00
Reported W-2 Wages	24,750.00	24,750.00	24,750.00	24,750.00	24,750.00

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**NIKOLA LUKAJ
225 TIBBETTS RD
YONKERS NY 10705**

Social Security Number: [REDACTED]
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 2
STATE: 2
LOCAL: 2

EXHIBIT C

27-0247636		5 Medicare wages and tips 2210.94		6 Medicare tax withheld 79.94	
c Employer's name, address, and ZIP code					
PREMIUM BUILDING MAINTENANCE INC PO BOX 280 BRONXVILLE NY 10708					
d Control number 36					
e Employee's name, address, and ZIP code NIKOLA LUKAJ 73 PLUM ROAD MAHOPAC NY					
7 Social security tips		8 Allocated tips		9 Advance EIC payment	
10 Dependent care benefits		11 Nonqualified plans		12a Code	
13 Statutory employee		14 Other DBL 2.40		12b Code	
Retirement plan				12c Code	
Third-party sick pay				12d Code	
NY		2210.94		79.94	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement: **2010** Dept. of the Treasury - IRS
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. DAA

was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

11 Taxable refunds, credits, or offsets of state and local income taxes		12 Alimony received		13 Business income or (loss). Attach Schedule C or C-EZ		14 Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input type="checkbox"/>		15 Other gains or (losses). Attach Form 4797	
15a IRA distributions		15a		b Taxable amount		15b		16a	
16a Pensions and annuities		16a		b Taxable amount		16b		17	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		18 Farm income or (loss). Attach Schedule F		19 Unemployment compensation		20a Social security benefits		20a	
21 Other income.		21		b Taxable amount		21b		22	
22 Combine amounts in the far right column for lines 7 through 21. This is your total income									
23 Educator expenses		23		24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106/2106-EZ		24		25	
25 Health savings account deduction. Attach Form 8889		25		26 Moving expenses. Attach Form 3903		26		27	
27 One-half of self-employment tax. Attach Schedule SE		27		28 Self-employed SEP, SIMPLE, and qualified plans		28		29	
29 Self-employed health insurance deduction		29		30 Penalty on early withdrawal of savings		30		31a	
31a Alimony paid		31a		b Recipient's SSN		31b		32	
32 IRA deduction		32		33 Student loan interest deduction		33		34	
34 Tuition and fees. Attach Form 8917		34		35 Domestic production activities ded. Attach Form 8903		35		36	
36 Add lines 23 through 31a and 32 through 35		36		37 Subtract line 36 from line 22. This is your adjusted gross income		37		38	

\$3 to go to this fund (see instructions) ☒ You ☐ Spouse

4 ☐ Head of household (with qualifying person). (See inst.) If the qualifying person is a child but not your dependent, enter child's name here.

5 ☐ Qualifying widow(er) with dependent child (see instructions)

6a ☐ If you are a dependent, do not check box 6a

6b	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see inst.)	No. of children on 6c who:
			<input checked="" type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see inst.)

6c ☐ If you are a dependent, do not check box 6c

6d ☐ If you are a dependent, do not check box 6d

6e ☐ If you are a dependent, do not check box 6e

6f ☐ If you are a dependent, do not check box 6f

6g ☐ If you are a dependent, do not check box 6g

6h ☐ If you are a dependent, do not check box 6h

6i ☐ If you are a dependent, do not check box 6i

6j ☐ If you are a dependent, do not check box 6j

6k ☐ If you are a dependent, do not check box 6k

6l ☐ If you are a dependent, do not check box 6l

6m ☐ If you are a dependent, do not check box 6m

6n ☐ If you are a dependent, do not check box 6n

6o ☐ If you are a dependent, do not check box 6o

6p ☐ If you are a dependent, do not check box 6p

6q ☐ If you are a dependent, do not check box 6q

6r ☐ If you are a dependent, do not check box 6r

6s ☐ If you are a dependent, do not check box 6s

6t ☐ If you are a dependent, do not check box 6t

6u ☐ If you are a dependent, do not check box 6u

6v ☐ If you are a dependent, do not check box 6v

6w ☐ If you are a dependent, do not check box 6w

6x ☐ If you are a dependent, do not check box 6x

6y ☐ If you are a dependent, do not check box 6y

6z ☐ If you are a dependent, do not check box 6z

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

JVA 10 10401 TWF 39358 Copyright Forms (Software Only) - 2010 TW

Form 1040 (2010)

EXHIBIT D

Case 1:11-cr-00486-DLI Document 1324 Filed 10/08/13 Page 11 of 14 PageID #: 9108

c Employer's name, address, and ZIP code
AMERICAN BLDG.
551 FIFTH AVENUE SUITE 300
NEW YORK, NY 10176

c Employer's name, address, and ZIP code
AMERICAN BLDG.
551 FIFTH AVENUE SUITE 300
NEW YORK, NY 10176

Box 19
SDI
Box 14 .00

duce your W-2 statement

b Employer's FED ID number	d Employee's SSA number
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

b Employer's FED ID number	d Employee's SSA number
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

te Wages
es
16 of W-2
3,525.09
3,525.09

e/f Employee's name, address and ZIP code
NIKOLA LUKAJ
671 BRONX RIVER ROAD #6P
YONKERS, NY 10704

e/f Employee's name, address and ZIP code
NIKOLA LUKAJ
671 BRONX RIVER ROAD #6P
YONKERS, NY 10704

file a new W4 with Payroll

15 State Employer's state ID no.	16 State wages, tips, etc.
NY	3525.09
17 State income tax	18 Local wages, tips, etc.
125.64	3525.09
19 Local income tax	20 Locality name
71.46	NEW YORK CIT

15 State Employer's state ID no.	16 State wages, tips, etc.
NY	3525.09
17 State income tax	18 Local wages, tips, etc.
125.64	3525.09
19 Local income tax	20 Locality name
71.46	NEW YORK CIT

Social Security Number:

Taxable Marital Status:

SINGLE

Exemptions/Allowances:

Federal: 2

State: 2

Local: 0

NY. State Filing Copy
W-2 Wage and Tax Statement
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy
W-2 Wage and Tax Statement
OMB No. 1545-0008
Copy 2 to be filed with employee's City or Local Income Tax Return.

turns in minutes — go to <http://taxpartner.adp.com>

your net earnings (see instructions)?

No

Did you receive church employee income reported on Form W-2 of \$108.28 or more?

No

You May Use Short Schedule SE Below

Fold and Detach Here

No

Did you receive tips subject to social security or Medicare tax that you did not report to your employer?

Yes

You Must Use Long Schedule SE on Page 2

Section A -- Short Schedule SE. Caution.

Read above to see if you can use Short Schedule SE.

1 Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	6,200
3 Combine lines 1 and 2	3	6,200
4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	5,726
5 Self-employment tax. If the amount on line 4 is: \$84,900 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. More than \$84,900, multiply line 4 by 2.9% (.029). Then, add \$10,527.60 to the result. Enter the total here and on Form 1040, line 56.	5	876
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 29	6	438

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2002

EXHIBIT E

2009

Federal Income Tax Summary

Page 1

Client LUKAJ

Nikola Lukaj

3/15/10

12:50 PM

	2009	2008	Diff
INCOME			
Wages, salaries, tips, etc.....	0	27,410	-27,410
Unemployment compensation.....	11,045	0	11,045
Total income.....	11,045	27,410	-16,365
ADJUSTMENTS TO INCOME			
Total adjustments.....	0	0	0
Adjusted gross income.....	11,045	27,410	-16,365
ITEMIZED DEDUCTIONS			
Taxes.....	154	861	-707
Total itemized deductions.....	154	861	-707
TAX COMPUTATION			
Standard deduction.....	8,350	8,000	350
Larger of itemized or standard deduction	8,350	8,000	350
Income prior to exemption deduction.....	2,695	19,410	-16,715
Exemption deduction.....	7,300	7,000	300
Taxable income.....	-4,605	12,410	-17,015
Tax before credits.....	0	1,291	-1,291
CREDITS			
Child tax credit.....	0	1,000	-1,000
Total credits.....	0	1,000	-1,000
Tax after credits.....	0	291	-291
OTHER TAXES			
Total tax.....	0	291	-291
PAYMENTS			
Federal income tax withheld.....	1,345	1,854	-509
Earned income credit.....	0	1,050	-1,050
Recovery rebate credit.....	0	300	-300
Total payments.....	1,345	3,204	-1,859
REFUND OR AMOUNT DUE			
Amount overpaid.....	1,345	2,913	-1,568
Amount refunded to you.....	1,345	2,913	-1,568
Amount you owe.....	0	0	0
TAX RATES			
Marginal tax rate.....	0.0%	15.0%	-15.0%
Effective tax rate.....	0.0%	2.3%	-2.3%